## **MOBILE HOME REGISTRATION**



Park Operator

To be completed by a park operator anytime a change in ownership occurs in a mobile home within the park. (35 ILCS 515/10.1)

| Holly Kim               |
|-------------------------|
| Lake County Treasurer   |
| 18 N. County St. Rm 102 |
| Waukegan, IL 60085      |

| Zakecounty   |                               |                                |   |  |
|--|-------------------------------|--------------------------------|---|--|
|  | MH:                           |                                |   |  |
| Holly Kim  |                               |                                | ( Owner # )   |  |
| Lake County Treasurer  |                               |                                |   |  |
| 18 N. County St. Rm 102  |                               |                                |   |  |
| Waukegan, IL 60085   |                               |                                |   |  |
|  |                               |                                |   |  |
|  | Date                          | Date:                          |   |  |
|  |                               |                                |   |  |
| Owner's Name:  |                               |                                |   |  |
| Address:   |                               |                                |   |  |
| City:  | State:                        | Zip: _                         |   |  |
| Phone Number: e-mail   |                               |                                |   |  |
| Mobile Home Park Located in Licensed Illinois Park?  | Yes                           |                                | No  |  |
| Name of Licensed Park:   | de a masile                   |                                |   |  |
| Park Phone Number: Par   | к e-maii:                     |                                | LOT#  |  |
| Address of Coach Location:City:  | Ctata                         | Zip:                           | LOT#  |  |
| City:  |                               |                                |   |  |
| Mobile Home Coach Information:   |                               |                                |   |  |
| Mobile Home Make:  |                               |                                |   |  |
|  |                               |                                |   |  |
| Mobile Home Model:   |                               | Year:                          |   |  |
| Vehicle Identification Number:   |                               |                                |   |  |
| Mobile Home Size:  |                               |                                |   |  |
| Length (Less Hitch): Width:  |                               | Square Footage:                |   |  |
|  |                               |                                |   |  |
| Please make sure the Owner initials the Following Checklist:   |                               |                                |   |  |
| A Before buying/selling a mobile home, I have called th taxes are paid to date.  | e Lake County Treas           | surer's office at              | <b>847-377-2323</b> to be sure all                          |  |
| B The previous owner has provided to me a Mobile Hortzaxes imposed upon the vehicle in the years they were ownership is not complete without this. (625 ILCS 5/                  | e the titleholder hav         | by the Lake Couve been paid. I | unty Treasurer's office that all understand a transfer of   |  |
| C I understand that to obtain a clear title to the mobile Secretary of state. The Certification states that all tax County Treasurer's office and will need to <b>provide th</b> | xes are paid in full. I       | can obtain this                | ome Tax Certification with the<br>Certification at the Lake |  |
| PLEASE NOTE If paying off prior year Liens, payments should be pa<br>The Illinois Statutes require each owner of an inhabited mobile home in Illinoi<br>Treasurer's office) whe  | s to file this registration f |                                |   |  |
| Any person furnishing misinformation or failing to file this for   |                               | A" MISDEMEANOR                 | . (35 ILCS 515/4)   |  |
| I hereby certify that to the best of my knowledge, the above inform  | nation is accurate:           |                                |   |  |
|  |                               |                                |   |  |

Note: The above information must be filed with the LAKE COUNTY TREASURER'S OFFICE. If you have any questions regarding this form please feel free to call our office at 847-377-2323 Please fax all information to 1-847-984-5899

Joint Owner